

AO 440 (Rev. 12/09) Summons in a Civil Action

UNITED STATES DISTRICT COURT

for the

Northern District of Oklahoma

(1) MISS GLEN PORTER

Plaintiff

v.

(1) JOE ALLBAUGH, ET AL

Defendant

Civil Action No. 18-CV-0472-JED-CDL

SUMMONS IN A CIVIL ACTION

To: *(Defendant's name and address)* Raymond Byrd

A lawsuit has been filed against you.

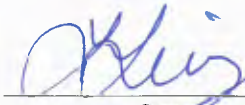
Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Lauren R. Myers
Doerner, Saunders, Daniel & Anderson, L.L.P.
2 W. 2nd Street, Suite 700
Tulsa, OK 74103-3117

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

CLERK OF COURT Mark C. McCartt, Clerk

Date: DEC 10 2020



Signature of Clerk or Deputy Clerk

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Civil Action No. 18-CV-0472-JED-CDL

PROOF OF SERVICE

This summons for *(name of individual and title, if any)* _____
 was received by me on *(date)* _____.

☐ I personally served the summons on the individual at *(place)* _____
 _____ on *(date)* _____; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* _____
 _____, a person of suitable age and discretion who resides there,
 on *(date)* _____, and mailed a copy to the individual's last known address; or

☐ I served the summons on *(name of individual)* _____, who is
 designated by law to accept service of process on behalf of *(name of organization)* _____
 _____ on *(date)* _____; or

☐ I returned the summons unexecuted because _____; or

☒ Other *(specify)*: Certified Mail/Return Receipt Requested/Restricted Delivery/Addressee Only
 Receipt No. 70150640000212330509

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ **0.00**.

I declare under penalty of perjury that this information is true.

Date: December 17, 2020

s/Lauren R. Myers

Server's signature

Lauren R. Myers, Attorney for Plaintiff

Printed name and title

Doerner, Saunders, Daniel & Anderson, L.L.P.
 2 W. 2nd Street, Suite 700
 Tulsa, Oklahoma 74103-3117

Server's address

Additional information regarding attempted service, etc:

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com.

OFFICIAL USE

Certified Mail Fee \$ 3.55 LRM-2/000

Extra Services & Fees (check box, add fee as appropriate)

☒ Return Receipt (hardcopy) \$ 2.85

☐ Return Receipt (electronic) \$ 9.00

☒ Certified Mail Restricted Delivery \$ 9.00

☐ Adult Signature Required \$ 9.00

☐ Adult Signature Restricted Delivery \$ 9.00

Postage \$ 1.60

Total Postage and Fees \$ 17.00

Sent To: Raymond Byrd

Cimmaron Correctional Facility

Street, Apt. No., or PO Box No. 3200 S. Kings Hwy.

City, State, ZIP+4® Cushing, OK 74023

PS Form 3800, April 2015 PSN 7530-02-000-9047 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><u>Raymond Byrd</u> <u>Cimmaron Correctional Fac.</u> <u>3200 S Kings Hwy.</u> <u>Cushing, OK 74023</u></p> <p></p> <p>9590 9402 5983 0062 4602 90</p> <p>2. Article Number (Transfer from service label)</p> <p><u>7015 0640 0002 1233 0509</u></p>	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <u>[Signature]</u> <input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <u>Corday</u> C. Date of delivery <u>12/1/20</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt